STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL TRAVEL EXPENSE CLAIM DEPARTMENT PAGE(S) CHP 262 (Rev. 3-93) OPI 071 BTH Agency Relocation Out of State CLAIMANT'S NAME I. D. NUMBER SOCIAL SECURITY NUMBER WORK TELEPHONE NUMBER Dale E. Bonner (916) 323-5401 POSITION CB/ID NUMBER DIVISION OR BUREAU LOCATION CODE E99 Secretary Business, Transportation & Housing Agency 699 RESIDENCE ADDRESS HEADQUARTERS ADDRESS 980 9th Street, Suite 2450 CITY, STATE, AND ZIP CODE CITY, STATE, AND ZIP CODE Sacramento, CA 95814 1. MONTH / YEAR MEALS TRANSPORTATION Nov/2009 O.T., L/T, N/C, D. PRIVATE CAR USE LOCATIONS WHERE TOTAL **BUSINESS** BREAKFAST RELO. OR DINNER TYPE USED EXPENSES FOR DAY LODGING LUNCH INCIDENTALS COST OF TOLLS, EXPENSES WERE INCURRED EXPENSE 2. DATE TIME . MILES AMOUNT TRANS. PARKING Los Angeles to 30 1000 Sacramento 38.00 38.00 cab 10. **CLAIM TOTAL** 38.00 38.00 11. PURPOSE OF TRIP, REMARKS AND DETAILS (ATTACH RECEIPTS / VOUCHERS WHEN REQUIRED) 12. NORMAL WORK HOURS Cab to airport. 13. REGULAR DAYS OFF 14. PRIVATE VEHICLE LICENSE NUMBER 15. MILEAGE RATE CLAIMED

ACCOUNTING USE ONLY

16. I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the

PAID FOR BY REVOLVING CHECK NUMBER

service of the State of California. If a privately-owned vehicle w	vas used, and if mile	age rates exceed the minimum rate, I	certify that the cost
of operating the vehicle was equ <u>al to</u> or greater than the rate claimed, and that I have met the requirements as prescribed by S.A.M			
Sections 6750, 0751, 0752, 6753, and 9754 pertaining to vehicle safety and seat belt usage.			
TI AIN ANT'S STOMASTIRE (big internal)	İDATE	I SIGNATURE OF SELVER ARE	DDOVINOT DAVIEL AN

FOR SPECIAL EXPENSES

ADMINISTRATIVE SERVICES OFFICER